

## Filing Application

For first time filers on cartridge, CD or diskette.

## Application is hereby made to transmit annual 1098/1099/5498/W-2G information returns to Franchise Tax Board.

Name of Firm (Transmitter):		Date:	
Traine of Firm (Transmitter).		Date.	/ /
Address:		Federal Employer Identification Number:	
		-	
City, State and ZIP Code:		Reporting w	vill begin with
		Tax Year	
Contact for Technical Information (Name):	Title:		Telephone (Area Code & Ext.)  ( ) — —
REPORTING INFORMATION			
Please indicate the document type(s) you plan to file on ca	artridge, diskette, or CD.		
□ 1098 □ 1099 □ 5498	□ W-2G		
Do you plan to act as a transmitter for other Payers?			
□ Yes □ No			
MEDIA PREFERENCE			
☐ CARTRIDGE ☐ CD	☐ DISKETTE		
NOTE: 4mm or 8mm cartridges, and 9-track tape	reels are not acceptable.		
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NOTE: 4mm or 8mm cartridges, and 9-track tape  AUTHORIZED REPRESENTATIVE OF ORGANI			
AUTHORIZED REPRESENTATIVE OF ORGANI Name (Type or Print):	IZATION REQUESTING APPROVAL		
AUTHORIZED REPRESENTATIVE OF ORGANI	IZATION REQUESTING APPROVAL		Date:

Note: This completed form can be faxed to: Data Exchange (916) 845-5550